

VACCINES

1. General Information

Vaccination is a fundamental aspect of primary health care, particularly for Aboriginal and Torres Strait Islander people who experience a much greater burden of disease than do other Australians. Vaccination not only protects individuals, but also others in the community by increasing the general level of immunity and minimising the spread of infection.

When a person is vaccinated, their body produces an immune response. Vaccines are delicate biological substances, containing either a very small dose of a live but weakened form of virus, a very small dose of a killed bacteria or virus or small parts of bacteria, or a small dose of a modified toxin produced by bacteria.

The [Immunise Australia Program](#), funded by the Australian Government, is a combined Australian, State and Territory Government initiative, which aims to increase national immunisation rates and provides an agreed schedule of recommended childhood and adult immunisations in the [National Immunisation Program Schedule](#) (NIPS). The Northern Territory tailors NIPS to meet the needs of the Territory population. Remote Health Centres in the Northern Territory provide vaccinations to clients through different mechanisms. These include:

MECHANISM	FUNDING	COMMENTS
National Immunisation Program Schedule (NIPS)	Australian Government	NIPS outlines the recommended and fully funded vaccine plan by age group for the Immunise Australia Program. States and Territories choose whatever combinations of vaccines from this list that suit the needs of geographic and demographic conditions.
Special Groups Vaccination recommendations	Provider or self funded	Vaccines recommended for special groups, (See NT Adult Immunisation Schedule). In the Northern Territory, vaccine recommendations in this category are funded by the NTG.
Aboriginal and Torres Strait Islander People	Northern Territory Government	There are additions and variations to the standard vaccination schedule recommended for ATSI children and adults (see NT Immunisation Schedules).
Occupational Risk	Employer or self funded	<p>Personnel, whose place of work is associated with an increased risk of some vaccine preventable diseases, may require vaccination. This includes personnel working in remote areas such as health, education, police, power and water, and community council staff.</p> <p>Where health centres are involved with administering such vaccinations, in general the person should see a Medical Officer to obtain a prescription, and supply of the vaccine. Health Centre staff will then be able to administer the vaccine, provided the vaccination is included in the RAN or AHW Section 29 Vaccine Schedule, or other vaccines where the prescription has been sighted.</p>

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International Travel	Self funded	CDC and Remote Health recommends that Remote Health staff should not provide vaccinations required for international travel. The preferred method is for people requiring vaccinations for international travel to access these through a regional town based General Practitioner (GP). Expertise is required to determine the required vaccinations for international travel, and for some vaccinations health practitioners are required to be licensed to be able to provide vaccinations, eg Yellow Fever. Information can be gained from several websites as listed in Section 6 .
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For more detailed information see [The Australian Immunisation Handbook 9th Ed.](#) pp 70-109

2. Definitions

Vaccination: administration of a vaccine

Immunisation: the stimulation of the immune system by administering a vaccine

Note: vaccination¹ / immunisation in colloquial use is frequently used interchangeably.

3. Responsibilities

3.1 All Clinical Staff

- Complete the [About Giving Vaccines](#) (AGV) course as soon as possible after commencing employment
- Prior to successful completion of the AGV package, only administer vaccinations under supervision of endorsed staff
- Administer vaccines according to the recommended [NT Immunisation Schedules](#)
- Maintain vaccination documentation, including medical records, recall, Medicare, database records, etc
- Ensure all [Adverse Events Following Immunisation](#) (AEFI) are reported to CDC

3.2 Health Centre Manager

- Support staff in completing the *About Giving Vaccines Course*
- Ensure sufficient vaccines are available for planned and opportunistic immunisation, with respect for budget / wastage implications
- Ensure vaccine record forms are sent to the immunisation database
- Ensure vaccine monitoring practices are attended and relevant Quality Assurance Returns are completed
- Awareness of alternate funding for vaccines and budget implications

3.3 Professional Practice Nurse

- Arrange the yearly distribution of the Quality Assurance Returns package
- Maintain cold chain quality assurance records
- Report quarterly to Management Team on vaccine Quality Assurance processes

3.4 Medicare Trainer

- Provide training for staff re Medicare processes
- Process immunisation claim forms

3.5 Centre for Disease Control, Immunisation Program

- Coordinate the *About Giving Vaccines Course*

¹ Interestingly, the original meaning of vaccination was infection with vaccinia (cow-pox) to confer immunity to small-pox, introduced in 1796 by Jenner. About a century later Pasteur suggested as a tribute to Jenner the term should be applied to the principle of using modified germs to confer immunity to more dangerous ones.

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- Recommend, promote and facilitate the [NT Immunisation Schedules](#)
- Maintain the Immunisation data base and provide recall information
- Process Quality Returns as appropriate, eg [Vaccine Usage Report](#), and Vaccine Cold Chain Graph
- Determine appropriateness of reporting AEFIs
- Facilitate town based immunisation for remote staff as required. See [Staff Immunisation](#)

4. Procedure

4.1 Consent

Before giving a vaccination, clinical staff should provide adequate information for the client/parent/guardian, to make an informed decision. It is important to provide time for this discussion and to document that 'informed' consent was obtained prior to giving the vaccination.

During a Healthy School Aged Kids (HSAK) Program, where the parent / carer may not be present, vaccination can only be given if written consent has been obtained. If the parent / carer is in attendance, even though prior written consent has been given, explicit verbal consent should be made prior to vaccination.

Where a client declines vaccination following the provision of adequate information, this decision must be respected and documented accordingly. Consideration should be given to refer the client to an alternative practitioner.

*Note: A parent / guardians decision to **not** proceed with routine immunisations for their child, may affect eligibility for certain Government payments (see [Section 4.5](#))*

4.2 Pre-vaccination Checklist

This [checklist](#) provides information to assess whether a person/child can be vaccinated and which vaccines they may require and is available in [The Australian Immunisation Handbook 9th Ed.](#) pp 16-20.

4.3 Administering a Vaccination

Vaccinations should be administered according to recommended guidelines.

4.4 Documentation

Following vaccination, the staff member providing the vaccination should:

- Document providing the vaccination in the client's medical record, including:
 - o consent
 - o details of the vaccine given including the dose
 - o brand name, batch number
 - o route and site of administration
 - o name of the person providing the vaccination
 - o date of vaccination
- Complete information required on the Medicare Form DB2i in the medical record and have the client or parent/carer sign the form
- Project the date the next vaccination is due in the [recall](#) system
- Complete vaccination details in the Childhood Vaccination Record (CVR) or Adult Immunisation Record Form, and forward each month to:
 - o CDC for processing onto the CDC Immunisation Database; and a copy to
 - o Medicare Trainers for processing Medicare immunisation claims
- Hand-held/personal immunisation record card

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Submission of immunisation data to CDC leads to entry of data on the [Australian Childhood Immunisation Register](#) (ACIR). Nationally, the ACIR provides a central immunisation history for each child that is accessible to any immunisation provider. Data held on the ACIR is used to determine Commonwealth [Child Care Benefit](#) payments and the [Maternity Immunisation Allowance](#). ACIR is administered by Medicare Australia and children enrolled in Medicare are automatically included on the ACIR.

4.5 Eligibility for Some Government Benefits

To promote immunisation, some Government benefits are only available for children who are up to date with immunisation or have an exemption. Families are eligible to receive family assistance payments (Child Care Benefit and Maternity Immunisation Allowance) if their child is fully immunised with vaccines currently provided under NIPS.

Provision to receive these benefits without being fully immunised, includes certification on the appropriate forms by a Medical Officer that either:

- The child has a [medical reason](#) not to have a particular vaccination (including pre-existing immunity), or
- A personal, philosophical, religious or medical belief that the child should not be immunised ([conscientious objection](#))

4.6 Adverse Events Following Immunisation (AEFI)

An adverse event is an unwanted or unexpected event following immunisation and may be related to the vaccine or may have occurred by chance after the immunisation. Any vaccine may cause an adverse event and while not mutually exclusive, adverse events can be categorised in three ways: local; systemic; or allergic.

Surveillance for AEFI is an integral part of a vaccination program. In general, common AEFI do not need to be reported and are managed at the local level with advice and symptomatic treatment as necessary. Any serious or unexpected adverse event occurring following immunisation should be discussed with CDC and where written notification is required, details should be provided on the NT Adverse Event Following Immunisation form. CDC will determine if this AEFI should be reported to the [Adverse Drug Reactions Advisory Committee](#). Information on AEFI is available in [The Australian Immunisation Handbook 9th Ed.](#) pp 25-35.

4.7 Catch-up Vaccinations

The impetus for 'catch-up' vaccinations is two fold. Firstly when new age groups are offered vaccines previously not available to them under [NIPS](#) and secondly when clients have an incomplete vaccination record. Every opportunity should be taken to check the vaccination status of clients and provide missing doses. Advice on planning a catch-up program should be obtained from CDC Immunisation Officer, (Darwin: phone 892 28564 or Alice Springs: phone 89516907).

4.8 Transport Storage and Handling of Vaccines

See [Cold Chain](#) and Purpose Built Vaccine Refrigerators Operating Instructions and Education Package

5. Forms

[Vaccine Storage Quality Return](#), also available on Professional Practice CD ROM. Hard copies provided annually with Quality Assurance Folder Inserts.

Vaccine Cold Chain Graph (HM144 C), available from Stores. Copies provided annually with Quality Assurance Folder Inserts.

Vaccine Usage Report, distributed by CDC

NT Adverse Event Following Immunisation form (available from CDC)

CDC Immunisation data book – Childhood (available from CDC)

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CDC Immunisation data sheet - Adult

DB2i Medicare Form (available from Medicare Trainers)

6. References and Supporting Documents

Related Atlas Items:

[About Giving Vaccines](#)

[Immunisation Program](#)

[Staff Immunisation](#)

[Cold Chain](#)

[Vaccine Storage Quality Returns](#)

[Vaccine Usage Reports](#)

[Client Recall Systems](#)

About Giving Vaccines (AGV) Course Manual and Readings. 2006. Centre for Disease Control. NT DHCS (now DHF)

Purpose Built Vaccine Refrigerators: Operating Instructions and Education Package – NT DHF Remote Health Branch 2007

[Immunisation](#) - NT DHF Centre for Disease Control

[NT Immunisation Schedules](#)

[Immunise Australia Program](#)

[National Immunisation Program Schedule](#)

[Australian Childhood Immunisation Register](#)

[The Australian Immunisation Handbook 9th Ed.](#)

[International Travel: Australia](#)

[International Travel: WHO](#)

[National Vaccine Storage Guidelines - Strive for 5 1st Ed.](#)

[Myths and Realities](#) – Responding to arguments against immunisation 4th Ed. Department of Health and Ageing. 2005. Understanding Childhood Immunisation. Australian Government.

[NT Poisons and Dangerous Drugs Act](#) (PADDA)

[S29 Notices](#)

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